

ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS
PHONE 501-371-2750
FAX 501-683-2604

THIRD PARTY ADMINISTRATOR BOND FORM

KNOW ALL MEN BY THESE PRESENTS: THAT

WE _____ OF _____, AS PRINCIPAL, AND _____ OF _____, AS SURETY ARE HELD AND FIRMLY BOUND UNTO THE STATE OF ARKANSAS, IN THE FULL AND JUST SUM OF **TWENTY-FIVE THOUSAND DOLLARS (\$25,000)** LAWFUL MONEY OF THE UNITED STATES FOR PAYMENT OF WHICH SUM, WILL AND TRULY TO BE MADE, WE HEREBY BIND OURSELVES, OUR AND EACH OF OUR HEIRS, EXECUTORS AND ADMINISTRATORS, SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, FIRMLY BY THESE PRESENTS.

SEALED WITH OUR SEALS AND DATED THE _____ DAY OF _____, 200_____.

THE CONDITIONS OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, THE ABOUVE BOUNDEN PRINCIPAL HAS TAKEN ALL NECESSARY LEGAL STEPS AS REQUIRED BY THE INSURANCE COMMISSIONER OF THE STATE OF ARKANSAS TO QUALIFY AS A THIRD PARTY ADMINISTRATOR AND DOING AND PERFORMING SUCH OTHER ACTS AS MAY BE NECESSARY TO COMPLY WITH ALL REQUIREMENTS OF THE ARKANSAS INSURANCE CODE, AS AMENDED.

NOW THEREFORE, THE CONDITION OF THE OBLIGATION IS SUCH THAT IF THE ABOVE BOUNDEN PRINCIPAL, SHALL WELL AND TRULY COMPLY WITH THE LAWS OF THE STATE OF ARKANSAS PERTAINING TO THIRD PARTY ADMINISTRATORS BY THE FULL ACCOUNTING AND DUE PAYMENT TO THE PERSON ENTITLED THERETO OF ANY FUNDS COMING INTO THE POSSESSION OF THE ADMINISTRATOR, THEN THIS OBLIGATION SHALL BE NULL AND VOID; OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT.

PROVIDED, THIS BOND MAY BE CANCELLED BY THE SURETY BY FILING THIRTY (30) DAYS WRITTEN CANCELLATION NOTICE BY REGISTERED MAIL WITH THE INSURANCE COMMISSIONR, STATE OF ARKANSAS, LITTLE ROCK, ARKANSAS, AND WITH THE ADMINISTRATOR.

IN WITNESS WHEREOF, THE PRINCIPAL HAS HEREUNTO SET HIS HAND AND THE SURETY HAS CAUSED ITS CORPORATE NAME TO BE HEREUNTO SIGNED, AND ITS CORPORATE SEAL ATTACHED BY ITS DULY AUTHORIZED ATTORNEY-IN-FACT THE DAY AND YEAR FIRST ABOVE WRITTEN.

PRINCIPAL

BY _____
TITLE

SURETY

BY _____
ATTORNEY-IN-FACT